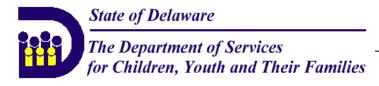
## APPENDIX VII: VARIANCE REQUEST



New Castle County

Concord Plaza | Hagley Building 3411 Silverside Road Wilmington, Delaware 19810-4812

Kent County

Barratt Building | Suite 103 821 Silver Lake Boulevard Dover, Delaware 19904-2458

Division of Family Services

Office of Child Care Licensing

Wilmington Office: 302-892-5800 Dover Office: 302-739-5487 Facsimile: 302-633-5112 Facsimile: 302-739-6589

Variance Request (one request per form)		
Name	Title	Date
Facility Name		License #
Facility Address	Email Address	
Variance requested for regulation/rule number	:	
Regulation Type (check one): Center C	Child Placing Agency  Family	Large Family Residential/Day Treatment
Status of License (check one):	☐ Initial-Provisional ☐ Provisiona	al
Current Enforcement Action (check one):	Warning of Probation Probation	n None
Ages and Number of Children Affected:		
A. Licensed capacity:	C. Ages of children se	erved:
B. Current enrollment:  Time period requested for variance:	•	
Provide <u>detailed r</u> esponses to items 1 through		
1. Reason variance is being requested:		
2. Describe alternative method proposed for a	meeting intent of the regulation:	
-		

## APPENDIX VII: VARIANCE REQUEST 3. Reason this variance should be granted: 4. Possible adverse effect on children in care if variance is approved: Signature: (My signature attests that the above information is true to the best of my knowledge.) Office of Child Care Licensing use only Recommendation(s)/Conditions: **DETERMINATION:** Approved as submitted

Date

Date

Approved with the conditions as described above

(Permanent Variance) Director, Division of Family Services

Denied as described above

Administrator, Office of Child Care Licensing